PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	US030254		
		First Named Inventor	PANKAJ SHRIVASTAVA		
		COMPLETE IF KNOWN			
		Application Number	1		
☑Declaration Submitted	OR	☐Declaration Submitted after Initial	Filing Date		
With Initial Filing		Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit		
ı ımıy		(5) 5) 1 1.10 (6))			

Examiner Name

required)

As a below named inventor, I hereby declare that:							
My residence, post office	e address, and citizenship a	are as stated below next to	o my name.				
I believe I am the original, fir are listed below) of the subje	rst and sole inventor (if only on ect matter which is claimed and	e name is listed below) or an d for which a patent is sought	original, first and jo on the invention er	oint inventor (if plur	al names		
MICROCONTROLLER WITH AN INTERRUPT STRUCTURE HAVING PROGRAMMABLE PRIORITY LEVELS WITH EACH PRIORITY LEVEL ASSOCIATED WITH A DIFFERENT REGISTER SET							
the specification of which	(Title of th	e Invention)	-				
is attached hereto		•					
OR							
was filed on (MM/DD/							
Application Number	and	was amended on (MM/DD/Y)	M)	(if	applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.							
acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy	Attached?		
Number(s)	Country	(MM/DD/TTTT) Country	Not Claimed	YES	NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application						
Direct all correspondence to: X Customer Number Bar Code Label	ror *24	737*				
	24 ⁻	737	OR	Correspondence address below		
	PATENT TRAC	DEMARK OFFICE				
Name: PHILIPS INTELLECTUAL PROPERTY & S	TANDARDS					
Address: P. O. Box 3001	Γ					
City: Briarcliff Manor	State NY		ZIP	P 10510-8001		
Country U.S.A.	Telephone: (914	4) 332-0222		Fax: (914 332-0615		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:	A petition	has been filed	for this	s unsigned inventor		
Given Name PANKAJ (first and middle [if any])	ı	Family Name SHRIVASTAVA or Surname				
Inventor's Panbay Signature K		Da	ate ∠	11 AUG 2004		
SAN JOSE R	CA	USA		INDIA		
Residence: City	State	Country		Citizenship		
999 EVELYN TERRACE W. APT. 91 1962 Mailing Address	- TRADE	ZONE C	IR	ß		
30 JOSE	CA	94086- 9	3513 _j	USA		
City	State	Zip	PS'	Country		
NAME OF SECOND INVENTOR: A P	oetition has been	n filed for this u	unsigne	ed inventor		
Given Name GREGORY (first and middle [if any])	F		GOODH			
Inventor's Brean & Boorline	lu		ate K	August 11/2004		
SAN JOSE	CA	USA		USA		
Residence: City	State	Country		Citizenship		
751 SALT LAKE DRIVE						
Mailing Address	т					
SAN JOSE	CA	95133	1	USA		
City	State	Zip		Country		
Additional inventors are being named on the 1 su	upplemental Addition	al Inventor(s) shee	et(s) PTO	/SB/02A attached hereto		

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor					
Given Name (first and middle	[if any])	Fa	mily Name or Surname			
ATA O		KHAN				
Inventor's Signature Turbus au		Date K 8/11/2004				
Residence: City SARATOGA	CA State	Country	Citizenship			
Mailing Address 20850 MICHAELS D	RIVE					
Mailing Address						
City SARATOGA	CA State	95070 ZIP	Country			
Name of Additional Joint Inventor, if any:	Name of Additional Joint Inventor, if any:					
Given Name (first and middle	[if any])	Family Name or Surname				
ZHIMIN		DING	DING			
Inventor's Signature L Date ×8/19/20						
Residence: City SUNNYVALE	State CA Country USA Citizenship USA					
Mailing Address 821 SPRINGFIELD TERRACE						
Mailing Address						
City SUNNYVALE S	tate CA	Zip 94087	Country USA			
Name of Additional Joint Inventor, if any:						
Given Name (first and middle	[if any])	Family Name or Sumame				
CRAIG		MACKENNA				
Inventor's Signature & July Market Date & 8/19/08						
Residence: City LOS GATOS	State CA	Country USA	Citizenship			
Mailing Address 15151 OLD RANCH ROAD						
Mailing Address						
City LOS GATOS	State CA	Zip 95033	Country USA			

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PTO/SB/96 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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STATEMENT UNA ST					
Applicant/Patent Owner: Koninklijke Philips Electronics N.V.					
Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently					
Entitled: Microcontroller with an Interrupt Structure having programmable Priority Levels with each Priority Level Associated with a Different Register Set					
Koninklijke Philips Electronics N.V. , a corporation (Type of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)					
states that it is: 1. the assignee of the entire right, title, and interest; or					
2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is% in the patent application/patent identified above by virtue of either:					
A. [/] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.					
OR .					
B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:					
To: To: To: The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.					
2. From: To: To: The document was recorded in the United States Patent and Trademark Office at					
Reel, Frame, or for which a copy thereof is attached.					
3. From:To:					
The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.					
[] Additional documents in the chain of title are listed on a supplemental sheet.					
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (<i>i.e.</i> , the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]					
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.					
Date Date (914) 333-9608					
Telephone number Signature					
Corporate Counsel					

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/80 (11-04)

Approved for use through 11/30/2005, OMB 0651-0035

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Telephone (914) 333-9637	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name					·			
Practitioner(e) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	X.	Practitioners asso	ociated with the Customer Number:	247	37			
as attorney(e) or agent(e) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). The address associated with Customer Number: Variable Va	0	R						
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X	؛ لــا إ	Practitioner(s) nar	med below (if more than ten patent	practitioners are to be	named, then a cus	stomer number must be	used):	
as altorrey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned gnly to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) for USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) to: X			Name			Name		
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The address associated with Customer Number: 24737	any and	i ali patent applica	ations assigned only to the undersid	gned according to the L	ISPTO assignme	nt records or assignmen	t documents	
City State Zip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637	Please	change the corre	spondence address for the applicat	tion identified in the atta	ched statement u	inder 37 CFR 3.73(b) to:		
City State Zip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637								
Firm or Individual Name Address City Country Telephone KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637		The address as	ssociated with Customer Number:	2473	7			
City State Zip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637								
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Country Telephone Fax KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637								
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Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637				State		Zip		
Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637	Country							
KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637	Teleph	none			Fax			
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637								
The idividual whose signature Signature Michael E. Marion Mare Michael E. Marion Michael E. Marion The statement under 37 CFR 3.73(b) may be completed by one of the practitioner is authorized to act on behalf of the assignee, and the statement under 37 CFR 3.73(b) may be completed by one of the practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature of Record The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee Date 14 January 2005 Telephone (914) 333-9637								
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Name Michael E. Marion Telephone (914) 333-9637	SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
100profic (714) 333-9037	Signatur	re //	Made. M.	un		Date 14 Janua	ary 2005	
Title Authorized Representative	Name	Michae	el E. Marion			Telephone (914)	333-9637	
	Title			ive				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.